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*Fever, various* An Essay

NO 1.

*The morbid appearances*

*observed after death*

*in the*

*Yellow-fever*

*By Edward L. Weber*

*of Philadelphia,*

*Honorary Member of the*

*Philadelphia Medical Society*

*A. D. 1807.*

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## Introduction.

The disease of yellow fever has been so repeatedly investigated by Physicians in different parts of the world, that on this subject, if the Essay embraced it, I could offer nothing new or interesting. I shall confine myself exclusively to the morbid appearances observed at the death in this disease. On this part of the subject Physicians have done much less than could have been desired. It is true they have given the morbid appearances as observed on different occasions in several parts of the Continent; but their accounts have been so often contradictory, that it is very probable, we have sometimes had, for those of the yellow fever, the morbid appearances of a very different



disease. But that this may be the more correctly judged of, I shall first take a brief view of the morbid appearances, observed after death in the yellow fever, by several Physicians in different parts of the world, & then give a short detail of twenty one dissections which were made during the prevalence of the yellow-fever at Philadelphia in 1805. I have to regret circumstances compelled me, to examine so partially, & in some instances entirely to overlook many of the viscera in these dissections. The Contents of the Thorax, & the Brain, were sometimes examined; but seldom presented a diseased appearance. After having detailed the Dissections I shall give a short account of the Black-vomit-

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A brief view of the morbid  
appearances observed after  
death in yellow fever in  
different parts of the world.

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D<sup>r</sup>. Mitchel, of Virginia, is among  
the first who examined the bodies of  
those dead of the yellow fever. He made  
his dissections in the years 1761 & 2; of which,  
in a letter to Governor Colden, he gives the  
following account. The Liver, he says,  
was generally found turgid & plump, & its  
concave surface of a deep black colour, round  
the Gall-bladder seeming to be mortified  
or corrupted. The Gall-bladder contained  
a blackropy stearily which resembled  
bruised, or mortified blood, evacuated  
from the mortified parts of the Liver  
surrounding. It would, however, stand  
a knife, or probe, thrust into it, which  
is a proof of its origin. The stomach

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lost its nature. It is an instance of  
perforation and inflammation. It contains  
nothing but a small quantity of fluid,  
taken from the veins with a view of  
the blood which is circulating in  
the same blood vessel flowing upon it,  
which was of a blackish colour then,  
then in the last blood vessel.

Upon inspecting the viscera in this  
case, I found a small ulcerated  
fossa, on the inside of the stomach.  
Several emphysemata, or gaseous spots  
were found that in all the examinations  
not only observed the same appearance,  
but found the blood very fluid & the  
texture of the viscera much distended  
even when, he says, he was very in-  
clined to think when the disease was

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not so gross in its first stadium, than  
about the termination of the fever there  
was a metastasis of the morbid matter  
to the viscera.

D<sup>r</sup> Hillary in his observations on  
the putrid bilious fever commonly called  
the yellow fever of the West India Islands  
says upon opening the bodies of those who  
die of this disease, we generally find the  
gall bladder, and biliary ducts, enlarged  
and filled with a putrid blackish bile,  
and the Liver, and stomach, and all  
joining parts, full of livid, blackish  
marbled spots and sometimes gangre-  
nous in them as also several other parts  
of the body.

In several bodies examined by

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2<sup>d</sup> Section, the morbid appearance was  
seen in different cases when the eva-  
lution had been great and the vessels  
of the vascular system violent, in the  
early stages of the disease the liver, how-  
ever very frequently the inner surface  
of the stomach exhibited marks of its  
enlargement. In what is called the ful-  
minant form of the yellow fever, the vessels of  
the brain were frequently found dis-  
tended with blood, and in some particu-  
lar instances its membranes were in-  
flamed. The inner surface of the sto-  
mach also exhibited large spots  
or circles of a bright red, resembling  
active inflammation, in the center of  
which were frequently seen small  
puncta like beginning gangrene. The

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*Chrysomelidae*

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villous was sometimes in the act of ~~the~~  
separating, and in some places, actual  
separated from the mucous coat of the  
stomach. The appearance of the Liver  
was various. In some instances it ap-  
peared greatly distended, and the biliary  
ducts preternaturally enlarged. In other  
instances it was uncommonly large, black  
and distended as if suffocated with  
blood, and its membrane more ruptured.  
The biliary bladder was often doubled  
contracted, and on its interior surface  
was bloody spots. It seldom contained  
urine.

In the *Medical Repository*, Vol. 2, p. 149, we have an interesting ac-  
count of three dissections made by Drs  
Cruickshank and Rand during the prevalence  
of the yellow fever at Boston in 1798.  
In their first dissection they found the

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also with very much inflammation  
but on the second and third it was much  
relieved. In every instance the Liver was  
greatly inflamed, and the Drains were  
considerably decreased. In one or eight  
or ten ounces of blood were effused in  
to the cavity of the Thorax. The Liver  
of the second subject they examined  
was greatly enlarged with blood, and  
on a live dissection of Liver was effected  
between the two and his water.

Dr. Pritchard in the first volume of  
the second edition of his work on the  
Nervous and Mental Intercourse, p. 178, has  
furnished an account of several dissec-  
tions made by himself and others. In many  
cases, which came under his own notice,  
the Liver was very considerably decreased  
in the first case, which, he says, was em-  
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all the rest the liver had shrunk to less  
than one half its natural size, was un-  
commonly flaccid, and of a colour nearly  
approaching a buff: the gall bladder was  
flaccid and greyish, and contained a  
small quantity of very dark coloured  
bile. The intestines were inflated, en-  
flamed, and ulcerated, particularly  
the duodenum a little beyond the pylorus.  
The lungs were highly inflamed and  
a little softened and the bladder con-  
tained near three quarts of urine, and its  
walls were much thickened. From this  
account <sup>Gen</sup> Christman appears to have  
observed the stomach disease in the  
first case.





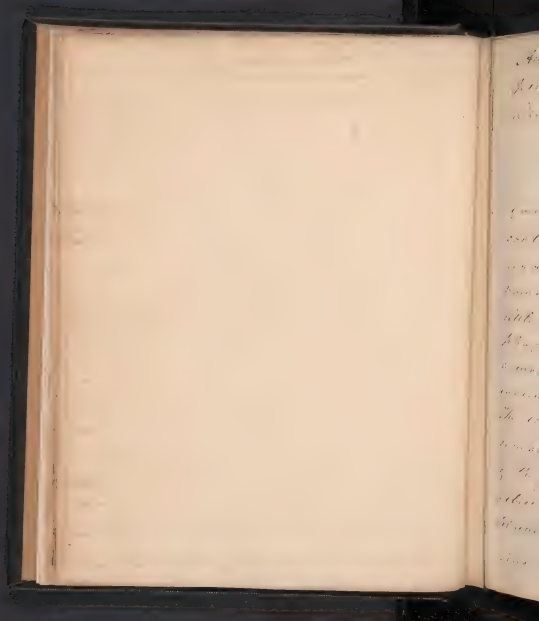
The following Silver Coins  
were found at the City Market  
during the week ending 26.  
Yellow Silver and Silver Coins

1868



Case of Yellow Fever

A child six years of age was the  
subject of the first examination. In ad-  
dition to the usual symptoms of yellow  
fever, this case was attended with con-  
stent stupor. Upon opening the body,  
the following appearances were observed.  
The stomach was inflamed in  
one or two spots, and contained a con-  
siderable quantity of black, hard, and  
solid matter. The discharge in the intestines  
was more profuse than in every other instance.  
The inflammation of the stomach, which  
proved death, in all probability, was very  
considerable. The Liver, and its ap-  
pendages were natural. The Bile, as evidence  
is not very complete, but has not the  
usual resemblance. The Lungs together with  
the heart were, in their natural state.



An inter-furcatus existed in the  
junction of the small intestines which  
into the stomach was inflamed

### Dissection 2.

Upon opening the abdomen of a  
young man the stomach was found  
contracted and its internal coat of a  
reddish brown colour. It contained black  
vomit, which, in its odour, was not a  
little offensive. In cutting this the less  
the layers, in order to remove the stomach  
as was our intention. This appearance of  
colour was by no means uncommon.  
The external coat of the stomach was  
somewhatly corrugated; in consequence  
of the great contraction of its muscular  
coat. The Subject however never once  
threw up any thing like Spasms, nor did  
it ever exhibit vomiting. After our vomit.

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### Dissection 3.

In the third dissection the stomach was found much inflamed, and distended. In some parts of it the villous coat had the appearance of ulceration. In the lower part of the stomach, 20 or 25 large quantities of blood were found. The colour of the tubular coat was considerably darkened. A great quantity of blood was found in the stomach. The liver was yellowish in every other important colour.

### Dissection 4.

In this case previous to the dissection it was attended with the usual symptoms of the preceding Spine and in the first stage, the liver was highly inflamed, and was accordingly treated with opiates &c.



which still remained in the upper part  
of the bladder. Inspection of the bladder  
was found without any particular  
change in color or form. The  
The intestines were coated with mucus  
and blood. The liver was of its  
natural size but had a yellow color  
with the liver being compressed  
very affection about the region of the liver  
The bladder was found considerably  
enlarged.

### Dissection 5.

The symptoms in this case were  
nothing uncommon before opening the  
bladder. The contents were found natural  
the feces were excepted which con-  
tained a small quantity of yellow matter.  
The contents of the abdomen were in a  
very different state. The stomach was

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carden was considerably inflamed and  
contained a large quantity of black glue  
colored matter on the internal coat of the  
stomach there was a circumscripted spot  
considerably gangrenous. The jejunum & duode-  
num inflamed, and contained black  
matter. The Liver, Gall bladder, and bel-  
liver natural. The urinary bladder  
was considerably distended. Mr. Leake  
was observed to have not a word more  
expressed his entire satisfaction than  
was of the surrounding family.

### Section C.

In this case, although the medicine was  
frequently indicated great disease the per-  
sons during the indisposition of the patient  
was, by no means violent. The patient  
was a man aged thirty and died a short  
time after his admission into the Hospital  
before opening the abdomen. The stomach



was found of the natural size, but as  
tendrils appeared, in an. spot of grey  
color and containing a large quantity  
of black granular matter. The fecal  
culi had much the appearance of ~~the~~  
coagulated blood, differing in consist-  
ency, perhaps in consequence of having  
remained for some time on the stomach.  
The duodenal enteritis was very consistent  
inflammation and the pylorus was inflamed  
and contained a large quantity of blood matter.  
The Colon was more natural, but not en-  
tirely free from disease. The Liver was  
considerably enlarged, was also pale  
yellow. The Gall bladder was large, the  
contents of the Pancreas was also in-  
creased. The coats of the urinary bladder  
were thickened and the abdomen was  
filled with a quantity of <sup>yellow</sup> serum. It has  
now had been extremely interrupted in

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The use of Spasmodic liquors, there is no  
doubt but that the mercurial appearances,  
the Lues and Phagena should be referred  
to that unhappy practice.

### Dissection 7

J. C. was admitted into the Art. Hos-  
pital with the usual symptoms of the  
Typhoid fever, which on the eighth day of  
the disease terminated his existence.  
During his convalescence he complained  
of suppression of urine, and was affec-  
ted with considerable stupor. The  
Pneumonia was examined but contrary to  
expectation found not to be the least  
decreased. The stomach was slightly  
inflamed, and contained some dark  
black vomit. The small intestine was  
inflamed and contained bloody mucus.  
The Liver was natural in its size and

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testes, but of a slightly yellow colour.  
The ovaries bipartite, and of moderate  
size, but considerable irregularities, on  
some parts, & very unequal.

EXAMINATION OF THE

The uppermost of the death in these  
two cases were very different. In one the  
terrible and commonest kind of inflammation,  
was noticed, & the other was not. The  
inflammation of both was inflammation and  
inflammation of the stomach. The first case  
was more natural of the other inflammation  
of the stomach, the yellow colour, excepted,  
was different. The first blood, and that  
which it bit very different, is apparent  
from the blood in the stomach. The  
of the case the primary blood  
was not so close to the stomach as  
the case of the primary inflammation





September 10<sup>th</sup> 1844

The appearance after death in this  
two dissections were very similar to  
the symptoms during the indisposition  
of the Patients were so dissimilar  
I was rather surprised the extent of his  
illness. It was impossible to induce  
him to take drink, nourishment or  
medicine of any kind. And if as at  
length men made to force them on then  
the Patient was in danger of being  
killed. The symptoms were in some  
measures evidently hydrophobic, &  
that circumstances permitted me I should  
have examined the Trachea. Before  
opening the Lungs I found the Stomach  
considerably enlarged, and contained  
Black vomit. The Intestines were  
nearly natural. From the cases

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The Liver was natural in the other.  
The concave surface was of a blue colour.  
The Brain, which was examined, was  
natural.

Dissection of 19 June 1844

In this the entire stomach was  
removed the entire organ of color. The in-  
flammation in the cut was great, but  
in the other two, less considerable. The  
Intestines, except the small, were nat-  
urally healthy. The liver of the case.  
The Liver was natural in the other.  
The concave surface was nearly the colour of  
the spleen. The gall bladder was much  
enlarged, & also the urinary bladder,  
which in the case, contained a small  
quantity of yellow fluid.



Section 15.

The case here is also in death on the fourth day, of an inflammation of the lungs. The stomach slightly inflamed and containing a large quantity of black feculent matter. The Intestines and their contents were natural. The Lungs were inflamed and the Gall bladder considerably distended. The blood in the ventricle of the Heart was very thin.

Section 16.

At 8, the subject of the 16<sup>th</sup> dissection, was a stout man, who, being attacked with inflammation of the lungs, & fever, was sent to the hospital on the 11<sup>th</sup> day. During his illness in the Hospital he was attended by a physician, but he did not improve. He was particularly the case after coming out of the warm bath. He was now inflamed and his condition was complicated with malig- nant disease. On dissection upon examination,

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*[Faint handwritten notes]*

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11. 11. 11.

4. 10. 1918

exhibited the following appearance.  
The coat was highly polished &  
it became considerably enlarged.  
The inflammation was not so much  
confined to spots; but it occupied the  
surface of the intestine entirely. The colour  
of the contents was natural. The liver,  
gall bladder & spleen were natural. The  
kidneys were also natural. The bladder  
was contracted to a very small size, &  
it contained not more than a few ounces.

#### Diffusion 1<sup>st</sup>

It was a few days after the death  
of the patient that the following case was  
observed. The patient was a female. The  
inflammation was confined to the  
intestine. The patient was very  
ill, and it was found that the blood was  
in a state of coagulation. The  
patient was very ill, and it was found  
that the blood was in a state of  
coagulation. The patient was very ill,  
and it was found that the blood was  
in a state of coagulation.

*[Faint handwritten notes, mostly illegible]*



Section 18



about the throat was slightly  
inflamed and the throat itself was  
swollen. The inflammation was  
not so great as in the last degree, more  
inflammation. The surface of the  
throat appeared inflamed and inflamed  
of inflamed nature. The throat was  
swollen but the voice, the throat was  
swollen and inflamed.

Examination 10, 11 & 12.

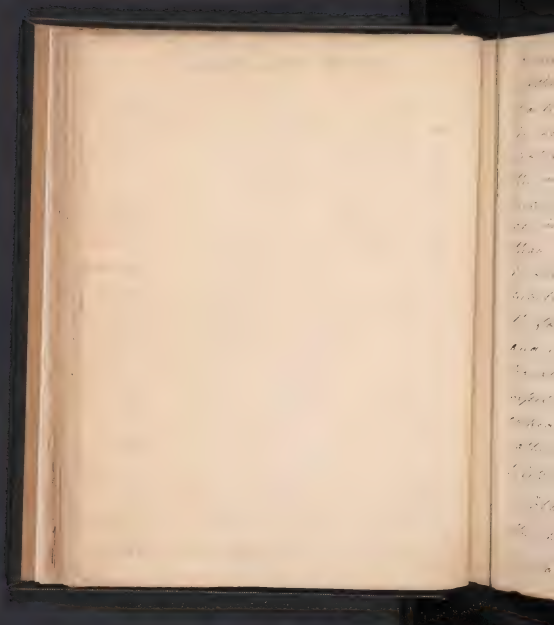
The appearance of the throat was  
the same as in the last degree, the  
throat was inflamed and inflamed  
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the throat was inflamed and inflamed  
the throat was inflamed and inflamed



*C. N. Blacksmith*

Having so frequently mentioned  
the several appearances of blackness in  
the foreign Libations, I shall now  
give a short description of it.

There is black sand, as in the greater part  
of the soil in the neighbourhood of  
Black Butte, consisting of a coarse brown fine  
sandstone, according to the grounds of opinion  
herein; but there is a yellow, highly  
friable sand, as in the transparent  
stone at water by the subsiding of the  
beams of the pier, which is now, it is  
thought, in large quantities at a  
Black Butte, as a little to the south of  
the above place, kept in place after  
the raising of the pier, a deposit of  
white & a brown glassy substance, from  
a fine sandstone in colour, but a  
pale tan, which is a common



The first result of the action of the  
ether on the ether is that the plates  
of the crystal of quartz in a vacuum  
in which a very irregular figure  
is formed on the surface with pieces  
the surface of the other side which  
is to be regarded as the side being in  
the position of the other side than  
than the two plates of the crystal. This  
is a very important result. The plates  
of the crystal are the same in size & the  
the glass is in the position of the  
and when separated it readily is  
by the least agitation of the  
upper and lower plates and a very small  
motion for eight or ten days of the  
ether is agitated and it is not  
until the plates are separated.

Having given that that is the result  
of the action of the ether on the  
crystal is to be regarded as the

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is produced.

When the yellow fever first appeared in this country, and for a considerable time after, Physicians almost uniformly believed the black vomit a vitiated secretion of bile. This opinion prevailed with many till the year 1800 when Dr. Physick published a paper, in which he satisfactorily proved the black vomit was a discharge from the stomach, and not, as had been supposed, a secretion from the Liver. About this same time Dr. Laccroix of Tortola advanced the same opinion. The correctness of the opinion then learned Gentlemen entertained will appear from the following arguments:

1. If the darkest coloured bile be spread thinly over a white surface, it loses the black colour it had in its accumulated state. If the black vomit be treated in the same way it will retain its black or

*[Faint, illegible handwriting on the left page]*

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dark brown appearance.

2. The bile in the Gall bladder has its common bitter taste; but the black vomit is, in general, nearly insipid. This fact has been ascertained by many persons & among others the late Dr. S. Cooper. Calvert in the act of vomiting have often ascertained it.

3. The black vomit differs materially from any fluid that can be produced by a mixture of bile with the fluids of the stomach or Intestines.

4. I have seen more than thirty ounces of black vomit in the stomach of a subject whose Gall bladder was small and contracted, and contained a very inconsiderable portion of viscous bile. In other instances the Gall bladder has contained a transparent and colourless, and sometimes a purulent coloured fluid, while the stomach contained black vomit of the nature above described.

Finis.